

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Charles Hamadi et al.**

Application No.: **10/685,159**

Filed: **October 14, 2003**

For: **Methods and Apparatuses for
Communicating With Wireless
Peripheral Devices**

Art Unit: **2618**

Examiner: **Phu**

Confirmation No. **4806**

Mail Stop **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action | <input checked="" type="checkbox"/> | Petition to Extend Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

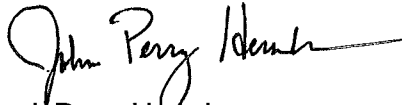
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	16	20	0	X \$50.00	\$0.00
Independent Claims	3	3	0	X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00	\$0.00
EOT					\$120.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					- \$0.00
TOTAL FEE DUE					\$120.00

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Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$120.00 for the fees designated above. (Form PTO-2038 enclosed). **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. 50-3447 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 50-3447 as required to correct the error.

Respectfully submitted,



J. Perry Herndon
Registration No. 54,706
Attorney for Applicant

Dated: September 20, 2006
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Attorney Docket No.: C02-0076-000